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LICENSE NUMBE	R: 054400002		CITY OR TOWN HOPK	ANTON
APPLICATION FO	R RENEWAL:	Annual	LICENSED FO	OR 2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 280 CEI		STAURANT INC.		
CITY/TOWN: HO		STATE: MA	ZIP CODE: 0174	Q
		PE OF LICENSE: Re		ORY: All Alcohol
EMAIL ADDRESS				
	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR E	MAIL ADDRESS	
	LICENSED PREMI			
	R PUBLIC ROOMS. FOUR EXITS ON C		ND THREE STORAGE ROO	JMS. ONE
I hereby certify and	swear under penaltie	s of perjury that:		
1. the renev	ved license will be of	the same type for the	same premises now licensee	d;
2. the licens	see has complied with	h all laws of the Com	monwealth relating to taxes;	and
3. the prem	ises are now open for	r business (If not expl	ain below)	
SIGNED BY	Individual, Partne	r or Authorized Corpo	orate Officer	
DATE:	TELEPHON	NE NUMBER:	EMPLOYER IDENTII (Note: NOT Individual Se	FICATION NUMBER:
Acts of 2004, signe	d by the building in	spector and the hea	e certificate required by C d of the fire department for arance required by Chapte	r the above
Please Check Below:			LOCAL LICENSING AU	UTHORITY
APPROVED:			By:	
DISAPPROVED: [ (If disapproved expl	ain)			
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 054400003		CITY OR TOWN	HOPKINTON
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS		ISH PUB		
ADDRESS 229 HA	YDEN ROWE ST.			
CITY/TOWN: HO	PKINTON	STATE: MA	ZIP CODE:	01748
MANAGER: SCA	NLON, COLM TY	PE OF LICENSE:Re	staurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR V	EBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF ADDITION: TO INC CONSUMPTION O	CLUDE OUTDOOR	R PATIO AREA OF A	.PPROX. 436 S/F T	O BE USED FOR
2. the licens	ved license will be of ee has complied with	the same type for the hall laws of the Common business (If not expl	nonwealth relating to	
SIGNED BY	Individual, Partne	r or Authorized Corpo	orate Officer	
DATE:	TELEPHON	NE NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
Acts of 2004, signe	d by the building in	spector and the hea	d of the fire departi	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below:				
APPROVED: DISAPPROVED: [(If disapproved explain	ain)		LOCAL LICENS By:	SING AUTHORITY



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LICENSE NUMBER:	054400009		C	ITY OR TOW	N HOPKINI	ON
APPLICATION FOR	RENEWAL:	Annu	al	LICI	ENSED FOR 2	013
		CLA	SS			YEAR
LICENSEE NAME: DOING BUSINESS A		D & GUN CL	UB INC.			
ADDRESS 252 WOO						
CITY/TOWN: HOPK	INTON	STATE:	MA	ZIP CODE:	01748	
MANAGER: HAHN	, CARL TYI	PE OF LICEN	SE:Club		CATEGORY:	All Alcohol
DESCRIPTION OF LI 1 1/2 FLOORS; FIRST ROOM. SECOND FLO LADIES ROOMS; CE BARRIER WHEN IN I hereby certify and sw 1. the renewed 2. the licensee	FLOOR; FUNCT OOR; BALCONY LLAR PISTOL RA USE.	SES: ION HALL, MODEL OF THE PROPERTY OF THE PR	MEETING ON HALL, OOOR AR  at: for the sar	ROOM AND STORAGE S EA BORDER me premises no awealth relatin	SPACE AND TO ED BY ROPE ow licensed;	
SIGNED BY	Individual, Partner	or Authorized	l Corporat	e Officer		
DATE:	TELEPHON	E NUMBER:			YER IDENTIFICAT	
We the undersigned, Acts of 2004, signed I named license and (2 of 2010.	by the building ins	spector and tl	ne head of	the fire depa	rtment for the	above
Please Check Below:  APPROVED:  DISAPPROVED:  (If disapproved explain	] n)			LOCAL LICE By:	NSING AUTH	ORITY
DATE:						
APPLICATION FOR RENEWA	L MUST BE FILED BY L	ICENSEES DURIN	G THE MONT	TH OF NOVEMBER	R (M.G.L. Ch. 138 \$ 1	6A)



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	2:054400010		CITY OR TOWN	HOPKINT	ON
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	HOPKINTON W	TNE & SPIRITS, IN	C.		
DOING BUSINESS	A HOPKINTON V	WINE & SPIRITS			
ADDRESS 77 WEST	Γ MAIN STREET				
CITY/TOWN: HOP	PKINTON	STATE: MA	ZIP CODE:	01748	
	NSON, TY	YPE OF LICENSE:P	ackage Store C	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
:	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF I					
APPROX. 2500 SQ. SPACE IN BASEME LUMBER STREET.					
I hereby certify and s	wear under penaltion	es of perjury that:			
1. the renew	ed license will be o	of the same type for the	ne same premises now	v licensed;	
2. the license	ee has complied wi	th all laws of the Con	nmonwealth relating	to taxes; and	
3. the premis	ses are now open for	or business (If not exp	olain below)		
SIGNED BY	Individual Partne	er or Authorized Cor	norata Officar		
	marviduai, r arm	er of Authorized Cor	porate Officer		
DATE:	TELEDIA	NIE NIIMDED.	EMPLOYE	R IDENTIFICAT	ΓΙΟΝ NUMBER:
	TELEPHO	NE NUMBER:			Security Number)
Please Check Below: APPROVED:			LOCAL LICENS	SING AUTH	ORITY
DISAPPROVED:			By:		
(If disapproved expla	iin)				
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 054400011		CITY OR TOWN	HOPKINTON
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: COLELLA'S SUF	PER MARKET,INC.		
DOING BUSINESS A			
ADDRESS 61 MAIN ST			
CITY/TOWN: HOPKINTON	STATE: MA	ZIP CODE:	01748
MANAGER: DANAHY, DALE T TY	PE OF LICENSE: Pac	kage Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS:	-		
PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LICENSED PREM	ISES:		
TWO STORY MASONRY BUILDING ENTRANCE NOW OFF REAR OF BU DOOR AT REAR OF BUILDING OFF	ILDING. NO CELLA		
2. the licensee has complied wit 3. the premises are now open fo		_	taxes; and
SIGNED BY Individual, Partne	er or Authorized Corpo	rate Officer	
DATE: TELEPHO!	NE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY
DATE:			



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 054400012		CITY OR TOWN	HOPKINTON
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: WTPOND, CO	ORPORATION		
DOING BUSINESS A OLD TOWN	LIQUORS		
ADDRESS 68-72 MAIN ST			
CITY/TOWN: HOPKINTON	STATE: MA	ZIP CODE:	01748
MANAGER: FRENCH, PAMELA	ΓΥΡΕ OF LICENSE: Pac	kage Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LICENSED PRE	MISES:		
ONE FLOOR. TWO ROOMS FOR P BARN FOR STORAGE-REAR EXIT BUILDING			
the renewed license will be     the licensee has complied v     the premises are now open	with all laws of the Comm	nonwealth relating to	
SIGNED BY Individual, Part	tner or Authorized Corpo	rate Officer	
D. LITTE			
DATE: TELEPH	ONE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Please Check Below: APPROVED:			ING AUTHORITY
DISAPPROVED:		By:	
(If disapproved explain)			
DATE:			



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 054400014		CITY OR TOWN	HOPKINT	ON
APPLICATION FO	OR RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
DOING BUSINES	E: TRIAD DEVELO S A HOPKINTON C ADDLE HILL ROAD		EMENT LLC		
CITY/TOWN: HO	OPKINTON	STATE: MA	ZIP CODE:	01748	
	ORDON, TY MOTHY J.	PE OF LICENSE: R	estaurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS	S:				
		VEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION O	F LICENSED PREMI	SES:			
2. the licer	weed license will be of usee has complied with uses are now open for Individual, Partne	h all laws of the Com	monwealth relating		
Acts of 2004, sign	ned, attest that we are	spector and the hea	(Note: <u>NOT</u> I ne certificate requi nd of the fire depar	tment for the	er 304 of the above
	d (2) the certificate o				
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	Dlain)		LOCAL LICEN By:	ISING AUTHO	ORITY
DATE:					



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LICENSE NUMBER: 0	54400015		CITY OR TO	WN HOPKINT	ON
APPLICATION FOR R	ENEWAL:	Annual	LI	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: P	AND L INC.				
DOING BUSINESS A	DYNASTY RES	TAURANT			
ADDRESS 77 WEST M	IAIN ST				
CITY/TOWN: HOPKI	NTON	STATE: MA	ZIP CODI	E: 01748	
MANAGER: LIANG,	YUN PING TY	PE OF LICENSE: R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLE	ASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF LIC					
FIRST FLOOR OF BLE SMALLER DINING RO			TS, 4060 SQ.FT.	SUSHI BAR IS I	IN
I hereby certify and swea	ar under penaltie	s of perjury that:			
1. the renewed	license will be of	the same type for the	e same premises	now licensed;	
	-	h all laws of the Con		ing to taxes; and	
3. the premises	are now open for	r business (If not exp	olain below)		
SIGNED BY					
Iı	ndividual, Partner	r or Authorized Corp	porate Officer		
DATE:	TELEPHON	NE NUMBER:		OYER IDENTIFICA	
			(Note: NO	T Individual Social	Security Number)
We the undersigned, a Acts of 2004, signed by named license and (2) of 2010.	y the building in	spector and the he	ad of the fire de	partment for the	e above
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)					
DATE:					
APPLICATION FOR RENEWAL	MUST BE FILED BY I	LICENSEES DURING THE	MONTH OF NOVEMB	ER (M.G.L. Ch. 138 \$ 1	16A)



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LICENSE NUI	MBER: 054400019		CITY OR TOWN	HOPKINTON
APPLICATIO	N FOR RENEWAL	: Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
		ATHON RESTAURANT AT		
	HAYWARD STRE			
	HOPKINTON	STATE: MA	ZIP CODE:	01748
MANAGER:	TOBINS, MICHAEL D.	TYPE OF LICENSE: Res	taurant C	ATEGORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION	N OF LICENSED P	REMISES:		
RIIM 33' X 27' TABLES & 24	EXIT TO OUTSID	N OF RM ON 2ND FL. FOR DE STAIR CASE TO PARK NELOT WESTSEDE OF BLE PAREA.	ING. LOT ADDIT	ION:420 SQ. FT. 6-
2. the	licensee has complicensee has complicensees are now op	be of the same type for the ed with all laws of the Common for business (If not explanation)	nonwealth relating thin below)	
	Individual, I	Partner or Authorized Corpo	rate Officer	
DATE:	TFI F	PHONE NUMBER:	EMPLOYE	R IDENTIFICATION NUMBER:
	TEEE	THORE IVENIBLE.	(Note: NOT In	dividual Social Security Number)
Acts of 2004,	signed by the build	we are in possession (1) the ling inspector and the head cate of liquor liability insur	of the fire depart	ment for the above
Please Check Belo	ow:		LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVE (If disapproved				
(11 disappioved	слрішіі)			·
DATE:				



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LICENSE NUI	MBER: 054400020		CITY OR TOWN	HOPKINTO	ON
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS		,	YEAR
LICENSEE NA	AME: GOLDEN VENTU	JRES,INC.			
DOING BUSIN	NESS A GOLDEN SPOC	ON			
ADDRESS 85	WEST MAIN STREET				
CITY/TOWN:	HOPKINTON	STATE: MA	ZIP CODE:	01748	
MANAGER:	MORGAN, TY WILLIAM W.	PE OF LICENSE: R	estaurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDR	RESS:				
DESCRIPTION		VEBSITE AND ENTER YOUR	EMAIL ADDRESS		
	N OF LICENSED PREMI P AT CORNER OF LUM		NIE EVIT/ENTED A	NCE FROM	
LUMBER ST.	TWO STORY WOOD B				OOR
I hereby certify	and swear under penaltie	s of perjury that:			
1. the	renewed license will be of	the same type for th	e same premises now	licensed;	
2. the	licensee has complied with	h all laws of the Con	nmonwealth relating to	taxes; and	
3. the	premises are now open for	business (If not exp	plain below)		
SIGNED BY	Individual, Partne	r or Authorized Corp	oorate Officer		
DATE:	TELEPHON	IE NUMBER:	EMPLOYER	IDENTIFICATI	ON NUMBER:
			(Note: NOT Ind	ividual Social Se	curity Number)
Acts of 2004,	rsigned, attest that we are signed by the building in e and (2) the certificate o	spector and the he	ad of the fire departr	nent for the	above
Please Check Belo			LOCAL LICENS	ING AUTHO	RITY
APPROVED:			By:		
DISAPPROVE (If disapproved	<del></del>				
(11 disappioved	· Capiani)				
DATE:					



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LICENSE NU	MBER: 054400021		CITY OR TOWN	HOPKINTON			
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013			
		CLASS		YEAR			
LICENSEE NA	AME: CHRISTOS Z	. SIARKOS AND MARI	A SIARKOS				
DOING BUSI	NESS A BILL'S PIZZ	ZA AND RESTAURANT					
ADDRESS 14	MAIN STREET						
CITY/TOWN:	HOPKINTON	STATE: MA	ZIP CODE:	01748			
MANAGER:	SIARKOS, CHRISTOS Z.	TYPE OF LICENSE: Re	estaurant CA	ATEGORY: Wine and Malt Regular			
EMAIL ADDI	RESS:						
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS				
	N OF LICENSED PR						
SERVICE CO AREAS. ONE	UNTER, KITCHEN A	R. OFFICE AND RESTR AND FOOD PREP AREA N FRONT. 2ND ENTRA ASEMENT.	A TO SIDE AND BA	CK OF DINING			
I hereby certify	y and swear under pen	alties of perjury that:					
		be of the same type for the	•				
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and							
2 4	_		_	, taxes, and			
3. the	_	n for business (If not exp	_	, taxes, and			
3. the SIGNED BY	premises are now ope		lain below)	, taxes, tale			
	premises are now ope	n for business (If not exp	lain below)	, takes, tale			
	premises are now ope  Individual, Pa	n for business (If not exp	orate Officer	IDENTIFICATION NUMBER:			
SIGNED BY	premises are now ope  Individual, Pa	n for business (If not exp	orate Officer  EMPLOYER				
DATE:  We the under Acts of 2004,	Individual, Pa  TELEP  rsigned, attest that we signed by the building	n for business (If not exp rtner or Authorized Corp HONE NUMBER: e are in possession (1) the inspector and the hea	ene certificate required of the fire departs	IDENTIFICATION NUMBER: ividual Social Security Number)  ed by Chapter 304 of the			
DATE:  We the under Acts of 2004, named license	Individual, Pa  TELEP  rsigned, attest that we signed by the building and (2) the certification.	n for business (If not exp rtner or Authorized Corp HONE NUMBER: e are in possession (1) the inspector and the hea	eorate Officer  EMPLOYER (Note: NOT Indicate required of the fire department of the fire de	IDENTIFICATION NUMBER: ividual Social Security Number)  Ed by Chapter 304 of the ment for the above			
DATE:  We the under Acts of 2004, named license of 2010.  Please Check Bele APPROVED:	Individual, Pa  TELEP  rsigned, attest that we signed by the buildir e and (2) the certification.	n for business (If not exp rtner or Authorized Corp HONE NUMBER: e are in possession (1) the inspector and the hea	eorate Officer  EMPLOYER (Note: NOT Indicate required of the fire department of the fire de	IDENTIFICATION NUMBER: ividual Social Security Number)  Ed by Chapter 304 of the ment for the above Chapter 116 of the Acts			
DATE:  We the under Acts of 2004, named license of 2010.  Please Check Beld APPROVED: DISAPPROVI	Individual, Pa  TELEP  rsigned, attest that we signed by the building and (2) the certification.	n for business (If not exp rtner or Authorized Corp HONE NUMBER: e are in possession (1) the inspector and the hea	ente Officer  EMPLOYER (Note: NOT Indicate required of the fire department of the fire depa	IDENTIFICATION NUMBER: ividual Social Security Number)  Ed by Chapter 304 of the ment for the above Chapter 116 of the Acts			
DATE:  We the under Acts of 2004, named license of 2010.  Please Check Bele APPROVED:	Individual, Pa  TELEP  rsigned, attest that we signed by the building and (2) the certification.	n for business (If not exp rtner or Authorized Corp HONE NUMBER: e are in possession (1) the inspector and the hea	ente Officer  EMPLOYER (Note: NOT Indicate required of the fire department of the fire depa	IDENTIFICATION NUMBER: ividual Social Security Number)  Ed by Chapter 304 of the ment for the above Chapter 116 of the Acts			
DATE:  We the under Acts of 2004, named license of 2010.  Please Check Beld APPROVED: DISAPPROVI	Individual, Pa  TELEP  rsigned, attest that we signed by the building and (2) the certification.	n for business (If not exp rtner or Authorized Corp HONE NUMBER: e are in possession (1) the inspector and the hea	ente Officer  EMPLOYER (Note: NOT Indicate required of the fire department of the fire depa	IDENTIFICATION NUMBER: ividual Social Security Number)  Ed by Chapter 304 of the ment for the above Chapter 116 of the Acts			



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 054400024	C	CITY OR TOWN	HOPKINTO	ON
APPLICATION FO	OR RENEWAL:	Annual CLASS	LICENS	SED FOR 20	13 YEAR
LICENSEE NAME DOING BUSINESS	: ZIO'S BISTRO,INC. S A ZIO'S BISTRO				
ADDRESS 15 MAI	IN ST				
CITY/TOWN: HC	PKINTON	STATE: MA	ZIP CODE:	01748	
MANAGER: WIN	NSHMAN,KIMB TYPE	OF LICENSE: Resta	urant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS	:				
PORTION OF 15 M I hereby certify and 1. the renev 2. the licen	F LICENSED PREMISES MAIN ST FORMERLY U swear under penalties of wed license will be of the see has complied with all hises are now open for bus	perjury that: same type for the sall laws of the Commo	nme premises now		
SIGNED BY	Individual, Partner or	Authorized Corpora	te Officer		
Acts of 2004, signe	TELEPHONE Ned, attest that we are in the building inspection (2) the certificate of liquiding the certificate of liquiding inspection (2) the certificate of liquiding inspection (2) the certificate of liquiding inspection (3) the certificate of liquiding inspection (4) the certificate (4) the	possession (1) the c	(Note: NOT Ind certificate require of the fire departs	ed by Chapte nent for the	ecurity Number) er 304 of the above
of 2010.					
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	lain)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:					



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LICENSE NUMBER: 054400025	e.	CITY OR TOWN HOPKINTON		
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	013	
	CLASS		YEAR	
LICENSEE NAME: ZIO'S BISTRO DOING BUSINESS A ADDRESS	INC.			
CITY/TOWN: HOPKINTON	STATE: MA	ZIP CODE: 01748		
MANAGER:	TYPE OF LICENSE: Restau	rant CATEGORY:	All Alcohol	
EMAIL ADDRESS:	-			
PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR EMAIL	. ADDRESS		
DESCRIPTION OF LICENSED PREI	MISES:			
I hereby certify and swear under penal	ties of perjury that:			
1. the renewed license will be	of the same type for the sar	ne premises now licensed;		
2. the licensee has complied v	vith all laws of the Common	wealth relating to taxes; and		
3. the premises are now open	for business (If not explain	below)		
maividual, i att	ner or Authorized Corporat	Comer		
DATE: TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICA		
		(Note: NOT Individual Social	Security Number)	
We the undersigned, attest that we	are in paggaggian (1) the e	ertificate required by Chan	4 204 - 641	
Acts of 2004, signed by the building named license and (2) the certificate of 2010.	inspector and the head of	the fire department for the	e above	
named license and (2) the certificate of 2010.  Please Check Below:	inspector and the head of e of liquor liability insurar	the fire department for the	e above 6 of the Acts	
named license and (2) the certificate of 2010.  Please Check Below: APPROVED:	inspector and the head of e of liquor liability insurar	the fire department for the nce required by Chapter 11	e above 6 of the Acts	
named license and (2) the certificate of 2010.  Please Check Below: APPROVED: DISAPPROVED:	inspector and the head of e of liquor liability insurar	I the fire department for the nee required by Chapter 11  LOCAL LICENSING AUTH	e above 6 of the Acts	
named license and (2) the certificate of 2010.  Please Check Below: APPROVED:	inspector and the head of e of liquor liability insurar	I the fire department for the nee required by Chapter 11  LOCAL LICENSING AUTH	e above 6 of the Acts	
named license and (2) the certificate of 2010.  Please Check Below: APPROVED: DISAPPROVED:	inspector and the head of e of liquor liability insurar	I the fire department for the nee required by Chapter 11  LOCAL LICENSING AUTH	e above 6 of the Acts	
named license and (2) the certificate of 2010.  Please Check Below: APPROVED: DISAPPROVED:	inspector and the head of e of liquor liability insurar	I the fire department for the nee required by Chapter 11  LOCAL LICENSING AUTH	e above 6 of the Acts	



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LICENSE NUMB	ER: 054400026		CITY OR TOWN HOPKINTON		
APPLICATION F	OR RENEWAL:	Annual	LICENSED FOR	2013	
		CLASS		YEAR	
LICENSEE NAMI	E: ZIO'S QUATT	CRO, INC.			
DOING BUSINES	SS A ZIO'S QUAT	TRO, INC			
ADDRESS 22 SO	UTH STREET				
CITY/TOWN: H	OPKINTON	STATE: MA	ZIP CODE: 01748		
	INSHAM, MBERLY	TYPE OF LICENSE: Res	taurant CATEGORY	Y: All Alcohol	
EMAIL ADDRES	S:				
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS		
	F LICENSED PRI				
STREETS, HOPK	INGTON MA. ON		), 22 SOUTH ST,. (MAIN AN EAR PUBLIC ENTRANCES A		
I hereby certify and	d swear under pena	alties of perjury that:			
1. the rene	ewed license will b	e of the same type for the	same premises now licensed;		
2. the lice	nsee has complied	with all laws of the Comn	nonwealth relating to taxes; and	d	
3. the prei	nises are now oper	n for business (If not expla	in below)		
SIGNED BY	Individual Pa	rtner or Authorized Corpo	rate Officer		
	individual, i u	ther of Hamorized Corpo			
DATE:	TELEPI	HONE NUMBER:	EMPLOYER IDENTIFIC	ATION NUMBER:	
TELE		TOTAL TACINIDLIA.	(Note: NOT Individual Socia	al Security Number)	
Acts of 2004, sign	ned by the buildin	g inspector and the head	e certificate required by Cha l of the fire department for the rance required by Chapter 1	he above	
Please Check Below:			LOCAL LICENSING AUT	HORITY	
APPROVED:			By:		
DISAPPROVED:					
(If disapproved exp	plain)				
DATE:					
DATE.					